Perinatal Sepsis Management [3802]

IV / Central Line Access - Hemodynamics Monitoring

IV / Central Line Access

| [] | Initiate and maintain IV | |
|----|--|---|
| | Ensure / Initiate and maintain IV access | Routine, Once |
| | | As needed immediately insert 2 large bore (at least 20 gauge) peripheral IV lines or call attending MD for STAT central line, intraosseus (IO) or other access. |
| [] | sodium chloride 0.9 % flush | 10 mL, intravenous, every 12 hours scheduled |
| | sodium chloride 0.9 % flush | 10 mL, intravenous, PRN, line care |

Hemodynamic Monitoring

If patient has IJ or Subclavian Central Venous Line

[] Hemodynamic Monitoring - CVP Routine, Every hour For 999 Occurrences Measure: CVP

Nursing

Nursing - HMH, HMSL and HMB

| [X] Vital signs - T/P/R/BP | Routine, Every hour For 3 Hours |
|---|---|
| | Monitor every 1 hour for 3 hours, or more frequently as |
| | indicated by clinical condition and assessment findings, the |
| | re-evaluate frequency of vitals assessment. |
| [X] Pulse oximetry | Routine, Daily |
| | Current FIO2 or Room Air: |
| | Place Sp02 monitor (near infrared spectroscopy) |
| [X] Daily weights | Routine, Daily |
| | Notify provider if weight is over 5 pounds from initial dry |
| | weight |
| [X] Activity: Bed rest initially then progress as tolerated | Routine, Until discontinued, Starting S |
| | Specify: Other activity (specify) |
| | Other: Bed rest initially then progress activity as tolerated |
| [X] Patient education | Routine, Prior to discharge |
| | Patient/Family: |
| | Education for: Other (specify) |
| | Specify: Sepsis Education |

Notify

| [] Notify Provider/Sepsis Team: | Routine, Until discontinued, Starting S, -for MAP LESS than |
|---------------------------------|---|
| | 65 or GREATER than 80 |

-for heart rate LESS than 60 or GREATER than 120

-for urine output LESS than 30 mL/hour

-immediately for any acute changes in patient condition (mental status, vital signs)

Initial Management of Suspected Sepsis

Blood Cultures

| [] Blood culture x 2 | | "And" Linked Panel |
|-----------------------|--------------------|--|
| [] Blood Culture (Aer | robic & Anaerobic) | Once, Blood |
| | | Collect STAT before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, one set may be drawn from a central line; an IV line should NEVER be used. |

|)) | Once, Blood Collect STAT before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, one set may be drawn from a central line; an IV line should NEVER be used. |
|--|---|
| Lactic Acid - STAT and repeat 2 times every 3 hours | S |
| Lactic acid level, SEPSIS - Now and repeat 2x ever hours | Now and repeat 2x every 3 hours For 3 Occurrences STAT - SPECIMEN MUST BE DELIVERED IMMEDIATELY TO THE LABORATORY. Repeat lactic acid in 3 hours. |
| organ dysfunction) (Single Response) The target fluid bolus volume can be calculated using | n, lactic acid greater than 2.0, or any one sign or symptom of acute g the ideal weight as long as the provider indicates that the patient is actual weight will be used to calculate the target volume. |
| Is your patient obese? (BMI GREATER than 30) | |
| () Yes (Single Response) (Selection Required) | |
| Given your response of "Yes", you have the option | to dose IV fluids using Ideal Body Weight (IBW). |
| () Calculate dose using Ideal Body Weight (IBW) (S Response) | Single |
| () lactated ringers IV bolus and infusion + Vital Sig Obese Patients (Single Response) | gns - For |
| () lactated ringers IV bolus + Vitals Every 15 Min Hours - For Obese Patients | utes x 4 "And" Linked Panel |
| Sepsis vital signs - T/P/R/BP lactated ringers IV infusion - For Obese Patien lactated ringer's infusion lactated ringer's | 126 mL/hr, intravenous, continuous Reassess patient after 1 L of IV fluid given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of additional fluids. Doses start immediately. Notify provider immediately upon completion of administration of 1 L of fluid. |
| () sodium chloride 0.9% bolus + Vital Signs OR in For Obese Patients (Single Response) | |
| () sodium chloride 0.9% bolus + Vitals Every 154 Hours - For Obese Patients | Minutes x "And" Linked Panel |
| [] sodium chloride 0.9 % bolus | 30 mL/kg, intravenous, once, For 1 Doses Reassess patient after IV fluid bolus given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus. Doses start immediately. Notify provider immediately upon completion of fluid bolus administration. Provider Response: YES, I choose to use the Ideal Body Weight (IBW), BMI GREATER than 30 |
| [] Sepsis vital signs - T/P/R/BP | STAT, Every 15 min For 4 Hours |

| () " 11 11 0 00(1) () 5 01 5 | |
|--|---|
| () sodium chloride 0.9% infusion - For Obese Pa | |
| [] sodium chloride 0.9% infusion | 126 mL/hr, intravenous, continuous |
| | Reassess patient after 1 L of IV fluid given. |
| | If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 |
| | mmHg), notify ordering provider prior to administration of additional |
| | fluids. |
| | Doses start immediately. |
| | Notify provider immediately upon completion of administration of 1 L |
| | of fluid. |
| () Do NOT calculate dose using Ideal Body Weight (Single Response) | : (IBW) |
| () lactated ringers IV bolus + Vital Signs OR infus (Single Response) | ion |
| () lactated ringers IV bolus + Vitals Every 15 Mir Hours | nutes x 4 "And" Linked Panel |
| [] lactated ringers bolus | 30 mL/kg, intravenous, once, For 1 Doses |
| [] wettered in generalise | Reassess patient after IV fluid bolus given. |
| | If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 |
| | mmHg), notify ordering provider prior to administration of second |
| | bolus. |
| | Doses start immediately. |
| | Notify provider immediately upon completion of fluid bolus |
| | administration. |
| [1] Canaia vital aigna T/D/D/DD | |
| [] Sepsis vital signs - T/P/R/BP | STAT, Every 15 min For 4 Hours |
| () lactated ringers IV infusion | "And" Linked Panel |
| [] lactated ringer's infusion | 126 mL/hr, intravenous, continuous |
| | Reassess patient after 1 L of IV fluid given. |
| | If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 |
| | mmHg), notify ordering provider prior to administration of additional |
| | fluids. |
| | Doses start immediately. |
| | Notify provider immediately upon completion of administration of 1 L |
| | of fluid. |
| () sodium chloride 0.9% bolus + Vital Signs OR in For Obese Patients (Single Response) | ıfusion - |
| () sodium chloride 0.9% bolus + Vitals Every 15 4 Hours - For Obese Patients | Minutes x "And" Linked Panel |
| [] sodium chloride 0.9 % bolus | 30 mL/kg, intravenous, once, For 1 Doses |
| | Reassess patient after IV fluid bolus given. |
| | If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 |
| | mmHg), notify ordering provider prior to administration of second |
| | bolus. |
| | Doses start immediately. |
| | Notify provider immediately upon completion of fluid bolus |
| | administration. |
| [1] Capaia vital signs T/D/D/DD | |
| [] Sepsis vital signs - T/P/R/BP | STAT, Every 15 min For 4 Hours |
| () sodium chloride 0.9% infusion - For Obese Pa | |
| [] sodium chloride 0.9% infusion | 126 mL/hr, intravenous, continuous |
| | Reassess patient after 1 L of IV fluid given. |
| | If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 |
| | mmHg), notify ordering provider prior to administration of additional |
| | fluids. |
| | Doses start immediately. |
| | Notify provider immediately upon completion of administration of 1 L |
| | of fluid. |
| () Patient does not have initial hypotension, sever | |
| nor septic shock at this time. No additional cry | |
| | |
| fluid resuscitation bolus indicated at this time (S | onigi c |
| Response) | Davidina Once |
| () Patient does not have initial hypotension, | Routine, Once |
| severe sepsis, nor septic shock at this time. | |
| No additional crystalloid IV fluid | |
| resuscitation bolus indicated at this time | |
| | D 0 () |

| () Patient does not have initial hypotension, sever | |
|---|--|
| nor septic shock at this time. No additional cry | |
| fluid resuscitation bolus indicated at this time (S | lingle |
| Response) | |
| () Patient does not have initial hypotension, | Routine, Once |
| severe sepsis, nor septic shock at this time. | |
| No additional crystalloid IV fluid | |
| resuscitation bolus indicated at this time | |
| () No (Single Response) | |
| () lactated ringers IV bolus + Vital Signs OR infus | on |
| (Single Response) | when we de a like a lik |
| () lactated ringers IV bolus + Vitals Every 15 Min Hours | utes x 4 "And" Linked Panel |
| | 20 ml /kg introvenous ence For 1 Deces |
| [] lactated ringers bolus | 30 mL/kg, intravenous, once, For 1 Doses Reassess patient after IV fluid bolus given. |
| | If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 |
| | mmHg), notify ordering provider prior to administration of second bolus. |
| | Doses start immediately. |
| | Notify provider immediately upon completion of fluid bolus |
| | administration. |
| [] Sepsis vital signs - T/P/R/BP | STAT, Every 15 min For 4 Hours |
| () lactated ringers IV infusion | "And" Linked Panel |
| [] lactated ringer's infusion | 126 mL/hr, intravenous, continuous |
| [1] | Reassess patient after 1 L of IV fluid given. |
| | If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 |
| | mmHg), notify ordering provider prior to administration of additional |
| | fluids. |
| | Doses start immediately. |
| | Notify provider immediately upon completion of administration of 1 L of |
| | |
| | fluid. |
| () sodium chloride 0.9% bolus + Vital Signs OR in | |
| (Single Response) | fusion |
| (Single Response) () sodium chloride 0.9% bolus + Vitals Every 15 | fusion |
| (Single Response) () sodium chloride 0.9% bolus + Vitals Every 15 4 Hours | fusion Minutes x "And" Linked Panel |
| (Single Response) () sodium chloride 0.9% bolus + Vitals Every 15 | fusion Minutes x "And" Linked Panel 30 mL/kg, intravenous, once, For 1 Doses |
| (Single Response) () sodium chloride 0.9% bolus + Vitals Every 15 4 Hours | fusion Minutes x "And" Linked Panel 30 mL/kg, intravenous, once, For 1 Doses Reassess patient after IV fluid bolus given. |
| (Single Response) () sodium chloride 0.9% bolus + Vitals Every 15 4 Hours | fusion Minutes x "And" Linked Panel 30 mL/kg, intravenous, once, For 1 Doses Reassess patient after IV fluid bolus given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 |
| (Single Response) () sodium chloride 0.9% bolus + Vitals Every 15 4 Hours | fusion Minutes x "And" Linked Panel 30 mL/kg, intravenous, once, For 1 Doses Reassess patient after IV fluid bolus given. |
| (Single Response) () sodium chloride 0.9% bolus + Vitals Every 15 4 Hours | fusion Minutes x "And" Linked Panel 30 mL/kg, intravenous, once, For 1 Doses Reassess patient after IV fluid bolus given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus. |
| (Single Response) () sodium chloride 0.9% bolus + Vitals Every 15 4 Hours [] sodium chloride 0.9 % bolus | Minutes x "And" Linked Panel 30 mL/kg, intravenous, once, For 1 Doses Reassess patient after IV fluid bolus given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus. Doses start immediately. Notify provider immediately upon completion of fluid bolus administration. |
| (Single Response) () sodium chloride 0.9% bolus + Vitals Every 15 4 Hours [] sodium chloride 0.9 % bolus [] Sepsis vital signs - T/P/R/BP | Minutes x "And" Linked Panel 30 mL/kg, intravenous, once, For 1 Doses Reassess patient after IV fluid bolus given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus. Doses start immediately. Notify provider immediately upon completion of fluid bolus administration. STAT, Every 15 min For 4 Hours |
| (Single Response) () sodium chloride 0.9% bolus + Vitals Every 15 4 Hours [] sodium chloride 0.9 % bolus [] Sepsis vital signs - T/P/R/BP () sodium chloride 0.9% infusion | Minutes x "And" Linked Panel 30 mL/kg, intravenous, once, For 1 Doses Reassess patient after IV fluid bolus given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus. Doses start immediately. Notify provider immediately upon completion of fluid bolus administration. STAT, Every 15 min For 4 Hours "And" Linked Panel |
| (Single Response) () sodium chloride 0.9% bolus + Vitals Every 15 4 Hours [] sodium chloride 0.9 % bolus [] Sepsis vital signs - T/P/R/BP | fusion Minutes x "And" Linked Panel 30 mL/kg, intravenous, once, For 1 Doses Reassess patient after IV fluid bolus given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus. Doses start immediately. Notify provider immediately upon completion of fluid bolus administration. STAT, Every 15 min For 4 Hours "And" Linked Panel 126 mL/hr, intravenous, continuous |
| (Single Response) () sodium chloride 0.9% bolus + Vitals Every 15 4 Hours [] sodium chloride 0.9 % bolus [] Sepsis vital signs - T/P/R/BP () sodium chloride 0.9% infusion | Minutes x "And" Linked Panel 30 mL/kg, intravenous, once, For 1 Doses Reassess patient after IV fluid bolus given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus. Doses start immediately. Notify provider immediately upon completion of fluid bolus administration. STAT, Every 15 min For 4 Hours "And" Linked Panel 126 mL/hr, intravenous, continuous Reassess patient after 1 L of IV fluid given. |
| (Single Response) () sodium chloride 0.9% bolus + Vitals Every 15 4 Hours [] sodium chloride 0.9 % bolus [] Sepsis vital signs - T/P/R/BP () sodium chloride 0.9% infusion | Minutes x "And" Linked Panel 30 mL/kg, intravenous, once, For 1 Doses Reassess patient after IV fluid bolus given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus. Doses start immediately. Notify provider immediately upon completion of fluid bolus administration. STAT, Every 15 min For 4 Hours "And" Linked Panel 126 mL/hr, intravenous, continuous Reassess patient after 1 L of IV fluid given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 |
| (Single Response) () sodium chloride 0.9% bolus + Vitals Every 15 4 Hours [] sodium chloride 0.9 % bolus [] Sepsis vital signs - T/P/R/BP () sodium chloride 0.9% infusion | Minutes x "And" Linked Panel 30 mL/kg, intravenous, once, For 1 Doses Reassess patient after IV fluid bolus given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus. Doses start immediately. Notify provider immediately upon completion of fluid bolus administration. STAT, Every 15 min For 4 Hours "And" Linked Panel 126 mL/hr, intravenous, continuous Reassess patient after 1 L of IV fluid given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of additional |
| (Single Response) () sodium chloride 0.9% bolus + Vitals Every 15 4 Hours [] sodium chloride 0.9 % bolus [] Sepsis vital signs - T/P/R/BP () sodium chloride 0.9% infusion | Minutes x "And" Linked Panel 30 mL/kg, intravenous, once, For 1 Doses Reassess patient after IV fluid bolus given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus. Doses start immediately. Notify provider immediately upon completion of fluid bolus administration. STAT, Every 15 min For 4 Hours "And" Linked Panel 126 mL/hr, intravenous, continuous Reassess patient after 1 L of IV fluid given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of additional fluids. |
| (Single Response) () sodium chloride 0.9% bolus + Vitals Every 15 4 Hours [] sodium chloride 0.9 % bolus [] Sepsis vital signs - T/P/R/BP () sodium chloride 0.9% infusion | Minutes x "And" Linked Panel 30 mL/kg, intravenous, once, For 1 Doses Reassess patient after IV fluid bolus given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus. Doses start immediately. Notify provider immediately upon completion of fluid bolus administration. STAT, Every 15 min For 4 Hours "And" Linked Panel 126 mL/hr, intravenous, continuous Reassess patient after 1 L of IV fluid given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of additional fluids. Doses start immediately. |
| (Single Response) () sodium chloride 0.9% bolus + Vitals Every 15 4 Hours [] sodium chloride 0.9 % bolus [] Sepsis vital signs - T/P/R/BP () sodium chloride 0.9% infusion | Minutes x "And" Linked Panel 30 mL/kg, intravenous, once, For 1 Doses Reassess patient after IV fluid bolus given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus. Doses start immediately. Notify provider immediately upon completion of fluid bolus administration. STAT, Every 15 min For 4 Hours "And" Linked Panel 126 mL/hr, intravenous, continuous Reassess patient after 1 L of IV fluid given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of additional fluids. Doses start immediately. Notify provider immediately upon completion of administration of 1 L of |
| (Single Response) () sodium chloride 0.9% bolus + Vitals Every 15 4 Hours [] sodium chloride 0.9 % bolus [] Sepsis vital signs - T/P/R/BP () sodium chloride 0.9% infusion [] sodium chloride 0.9% infusion | Minutes x "And" Linked Panel 30 mL/kg, intravenous, once, For 1 Doses Reassess patient after IV fluid bolus given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus. Doses start immediately. Notify provider immediately upon completion of fluid bolus administration. STAT, Every 15 min For 4 Hours "And" Linked Panel 126 mL/hr, intravenous, continuous Reassess patient after 1 L of IV fluid given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of additional fluids. Doses start immediately. Notify provider immediately upon completion of administration of 1 L of fluid. |
| (Single Response) () sodium chloride 0.9% bolus + Vitals Every 15 4 Hours [] sodium chloride 0.9 % bolus [] Sepsis vital signs - T/P/R/BP () sodium chloride 0.9% infusion [] sodium chloride 0.9% infusion [] sodium chloride 0.9% infusion | Minutes x "And" Linked Panel 30 mL/kg, intravenous, once, For 1 Doses Reassess patient after IV fluid bolus given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus. Doses start immediately. Notify provider immediately upon completion of fluid bolus administration. STAT, Every 15 min For 4 Hours "And" Linked Panel 126 mL/hr, intravenous, continuous Reassess patient after 1 L of IV fluid given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of additional fluids. Doses start immediately. Notify provider immediately upon completion of administration of 1 L of fluid. e sepsis, |
| (Single Response) () sodium chloride 0.9% bolus + Vitals Every 15 4 Hours [] sodium chloride 0.9 % bolus [] Sepsis vital signs - T/P/R/BP () sodium chloride 0.9% infusion [] sodium chloride 0.9% infusion [] sodium chloride 0.9% infusion | Minutes x "And" Linked Panel 30 mL/kg, intravenous, once, For 1 Doses Reassess patient after IV fluid bolus given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus. Doses start immediately. Notify provider immediately upon completion of fluid bolus administration. STAT, Every 15 min For 4 Hours "And" Linked Panel 126 mL/hr, intravenous, continuous Reassess patient after 1 L of IV fluid given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of additional fluids. Doses start immediately. Notify provider immediately upon completion of administration of 1 L of fluid. e sepsis, stalloid IV |
| (Single Response) () sodium chloride 0.9% bolus + Vitals Every 15 4 Hours [] sodium chloride 0.9 % bolus [] Sepsis vital signs - T/P/R/BP () sodium chloride 0.9% infusion [] sodium chloride 0.9% infusion () Patient does not have initial hypotension, sever nor septic shock at this time. No additional cry fluid resuscitation bolus indicated at this time (S | Minutes x "And" Linked Panel 30 mL/kg, intravenous, once, For 1 Doses Reassess patient after IV fluid bolus given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus. Doses start immediately. Notify provider immediately upon completion of fluid bolus administration. STAT, Every 15 min For 4 Hours "And" Linked Panel 126 mL/hr, intravenous, continuous Reassess patient after 1 L of IV fluid given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of additional fluids. Doses start immediately. Notify provider immediately upon completion of administration of 1 L of fluid. e sepsis, stalloid IV |
| (Single Response) () sodium chloride 0.9% bolus + Vitals Every 15 4 Hours [] sodium chloride 0.9 % bolus [] Sepsis vital signs - T/P/R/BP () sodium chloride 0.9% infusion [] sodium chloride 0.9% infusion () Patient does not have initial hypotension, sever nor septic shock at this time. No additional cry fluid resuscitation bolus indicated at this time (S Response) | Minutes x "And" Linked Panel 30 mL/kg, intravenous, once, For 1 Doses Reassess patient after IV fluid bolus given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus. Doses start immediately. Notify provider immediately upon completion of fluid bolus administration. STAT, Every 15 min For 4 Hours "And" Linked Panel 126 mL/hr, intravenous, continuous Reassess patient after 1 L of IV fluid given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of additional fluids. Doses start immediately. Notify provider immediately upon completion of administration of 1 L of fluid. e sepsis, stalloid IV single |
| (Single Response) () sodium chloride 0.9% bolus + Vitals Every 15 4 Hours [] sodium chloride 0.9 % bolus [] Sepsis vital signs - T/P/R/BP () sodium chloride 0.9% infusion [] sodium chloride 0.9% infusion [] sodium chloride 0.9% infusion () Patient does not have initial hypotension, sever nor septic shock at this time. No additional cry fluid resuscitation bolus indicated at this time (Sesponse) () Patient does not have initial hypotension, | Minutes x "And" Linked Panel 30 mL/kg, intravenous, once, For 1 Doses Reassess patient after IV fluid bolus given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus. Doses start immediately. Notify provider immediately upon completion of fluid bolus administration. STAT, Every 15 min For 4 Hours "And" Linked Panel 126 mL/hr, intravenous, continuous Reassess patient after 1 L of IV fluid given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of additional fluids. Doses start immediately. Notify provider immediately upon completion of administration of 1 L of fluid. e sepsis, stalloid IV |
| (Single Response) () sodium chloride 0.9% bolus + Vitals Every 15 4 Hours [] sodium chloride 0.9 % bolus [] Sepsis vital signs - T/P/R/BP () sodium chloride 0.9% infusion [] sodium chloride 0.9% infusion [] sodium chloride 0.9% infusion () Patient does not have initial hypotension, sever nor septic shock at this time. No additional cry fluid resuscitation bolus indicated at this time (Seponse) () Patient does not have initial hypotension, severe sepsis, nor septic shock at this time. | Minutes x "And" Linked Panel 30 mL/kg, intravenous, once, For 1 Doses Reassess patient after IV fluid bolus given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus. Doses start immediately. Notify provider immediately upon completion of fluid bolus administration. STAT, Every 15 min For 4 Hours "And" Linked Panel 126 mL/hr, intravenous, continuous Reassess patient after 1 L of IV fluid given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of additional fluids. Doses start immediately. Notify provider immediately upon completion of administration of 1 L of fluid. e sepsis, stalloid IV single |
| (Single Response) () sodium chloride 0.9% bolus + Vitals Every 15 4 Hours [] sodium chloride 0.9 % bolus [] Sepsis vital signs - T/P/R/BP () sodium chloride 0.9% infusion [] sodium chloride 0.9% infusion [] sodium chloride 0.9% infusion () Patient does not have initial hypotension, sever nor septic shock at this time. No additional cry fluid resuscitation bolus indicated at this time (Sesponse) () Patient does not have initial hypotension, | Minutes x "And" Linked Panel 30 mL/kg, intravenous, once, For 1 Doses Reassess patient after IV fluid bolus given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus. Doses start immediately. Notify provider immediately upon completion of fluid bolus administration. STAT, Every 15 min For 4 Hours "And" Linked Panel 126 mL/hr, intravenous, continuous Reassess patient after 1 L of IV fluid given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of additional fluids. Doses start immediately. Notify provider immediately upon completion of administration of 1 L of fluid. e sepsis, stalloid IV single |

Antibiotics (Selection Required)
Please Select the appropriate indication(s) for antibiotic use below:

| Chorioamnionitis (Single Response) Does your patient have a SEVERE penicillin aller | rav? |
|--|--|
| Does your patient have a SEVERE periidilin aller | rgy: |
|) No (Single Response) | |
| () ampicillin 2 g IV + gentamicin 5 mg/kg IV | "And" Linked Panel |
| [] ampicillin IV | 2 g, intravenous, for 30 Minutes, every 6 hours Classification: Narrow Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. |
| | Reason for Therapy: Bacterial Infection Suspected |
| | Indication: Other Specify: Chorioamnionitis |
| [] gentamicin (GARAMYCIN) IV | 5 mg/kg, intravenous, for 30 Minutes, every 24 hours |
| [] gontainen (e. a.a.a.i. e.i. y. i | Classification: Narrow Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y |
| | site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. |
| | Reason for Therapy: Bacterial Infection Suspected |
| | Indication: Other |
| | Specify: Chorioamnionitis |
| () ampicillin 2 g IV + gentamicin 5 mg/kg IV + cl (CLEOCIN) 900 mg IV | lindamycin "And" Linked Panel |
| [] ampicillin IV | 2 g, intravenous, for 30 Minutes, every 6 hours Classification: Narrow Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wair for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. |
| | Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected |
| | Indication: Other Specify: Chorioamnionitis |
| [] gentamicin (GARAMYCIN) IV | 5 mg/kg, intravenous, for 30 Minutes, every 24 hours Classification: Narrow Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Other Specify: Chorioamnionitis |

|] clindamycin (CLEOCIN) IV | 900 mg, intravenous, for 30 Minutes, every 8 hours Classification: Narrow Spectrum Antibiotic |
|---|---|
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they ma be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Other Specify: Chorioamnionitis |
| gentamicin IV + piperacillin-tazobactam (ZOSYN (Single Response) | |
| () gentamicin 5 mg/kg IV + piperacillin-tazobactan (ZOSYN) 3.375 g IV - NOT HMW | n "And" Linked Panel |
| [] gentamicin (GARAMYCIN) IVPB | 5 mg/kg, intravenous, for 30 Minutes, every 24 hours First dose STAT - within an hour - after blood and other cultures obtained. |
| | Classification: Narrow Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| [] piperacillin-tazobactam (ZOSYN) IV | 3.375 g, intravenous, every 6 hours First dose STAT - within an hour - after blood and other cultures obtained. |
| | Classification: Broad Spectrum Antibiotic |
| () gentamicin 5 mg/kg IV + piperacillin-tazobactan | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommended duration is dependent upon patient's clinical response and source identification |

[] gentamicin (GARAMYCIN) IVPB 5 mg/kg, intravenous, for 30 Minutes, every 24 hours First dose STAT - within an hour - after blood and other cultures obtained. Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Other Specify: Chorioamnionitis [] piperacillin-tazobactam (ZOSYN) 3.375 g IV "Followed by" Linked Panel [] piperacillin-tazobactam (ZOSYN) 3.375 g IV 3.375 g, intravenous, for .5 Hours, once, For 1 Doses Classification: Broad Spectrum Antibiotic Once When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis.Other Specify: Chorioamnionitis [] piperacillin-tazobactam (ZOSYN) 3.375 g IV 3.375 g, intravenous, for 4 Hours, every 8 hours, Starting H+8 Hours every 8 hours Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis,Other Specify: Chorioamnionitis If Pseudomonas Suspected - gentamicin 5 mg/kg IV + "And" Linked Panel piperacillin-tazobactam (ZOSYN) 4.5 g IV - NOT HMW [] gentamicin (GARAMYCIN) IVPB 5 mg/kg, intravenous, for 30 Minutes, every 24 hours First dose STAT - within an hour - after blood and other cultures obtained. Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis,Other Specify: Chorioamnionitis

| [] piperacillin-tazobactam (ZOSYN) IV | 3.375 g, intravenous, every 6 hours First dose STAT - within an hour - after blood and other cultures obtained. |
|--|--|
| | Classification: Broad Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Other |
| () If Decuder and Connected contenting Final | Specify: Chorioamnionitis |
| () If Pseudomonas Suspected - gentamicin 5 mg/ piperacillin-tazobactam (ZOSYN) 4.5 g IV - HM | W Only |
| [] gentamicin (GARAMYCIN) IVPB | 5 mg/kg, intravenous, for 30 Minutes, every 24 hours First dose STAT - within an hour - after blood and other cultures obtained. |
| | Classification: Narrow Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Other Specify: Chorioamnionitis |
| [] piperacillin-tazobactam EI (ZOSYN) 4.5 g IV (| |
| [] piperacillin-tazobactam (ZOSYN) 4.5 g IV Once | 4.5 g, intravenous, for .5 Hours, once, For 1 Doses Classification: Broad Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification |
| [] piperacillin-tazobactam (ZOSYN) 4.5 g IV every 8 hours | 4.5 g, intravenous, for 4 Hours, every 8 hours, Starting H+6 Hours Classification: Broad Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification |

| [] gentamicin (GARAMYCIN) IV | 5 mg/kg, intravenous, for 30 Minutes, every 24 hours Classification: Narrow Spectrum Antibiotic |
|---------------------------------------|--|
| | When multiple antimicrobial agents are ordered, you may administer |
| | these immediately at the SAME TIME via different IV sites. Do not wa for the first antibiotic to infuse. If agents are Y-site compatible, they m |
| | be administered per Y-site protocols. IF the ordered agents are NOT |
| | site compatible, then administer the Broad-spectrum antibiotic first. |
| | Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. |
| | Reason for Therapy: Bacterial Infection Suspected |
| | Indication: Other |
| [1] alindamyain (CLEOCINI) IV | Specify: Chorioamnionitis |
| [] clindamycin (CLEOCIN) IV | 900 mg, intravenous, for 30 Minutes, every 8 hours Classification: Broad Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer |
| | these immediately at the SAME TIME via different IV sites. Do not water for the first antibiotic to infuse. If agents are Y-site compatible, they make the same that the s |
| | be administered per Y-site protocols. IF the ordered agents are NOT |
| | site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of |
| | broad-spectrum antibiotic selection chart |
| | Reason for Therapy: Bacterial Infection Suspected |
| | Indication: Other Specify: Chorioamnionitis |
| Yes (Single Response) | |
|) aztreonam (AZACTAM) 2 g IV + gentam | |
| [] aztreonam (AZACTAM) IV | 2 g, intravenous, every 6 hours Classification: Broad Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer |
| | these immediately at the SAME TIME via different IV sites. Do not water for the first antibiotic to infuse. If agents are Y-site compatible, they make the same that the s |
| | be administered per Y-site protocols. IF the ordered agents are NOT |
| | site compatible, then administer the Broad-spectrum antibiotic first. |
| | Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. |
| | Reason for Therapy: Bacterial Infection Suspected |
| | Indication: Sepsis,Other |
| [] gentamicin (GARAMYCIN) IV | Specify: Chorioamnionitis 5 mg/kg, intravenous, for 30 Minutes, every 24 hours |
| [] gentamicin (GARAWITCIN) IV | Classification: Narrow Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer |
| | these immediately at the SAME TIME via different IV sites. Do not water for the first antibiotic to infuse. If agents are Y-site compatible, they make the same that the s |
| | be administered per Y-site protocols. IF the ordered agents are NOT |
| | site compatible, then administer the Broad-spectrum antibiotic first. |
| | Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. |
| | Reason for Therapy: Bacterial Infection Suspected |
| | Indication: Other |
|) aztreonam (AZACTAM) 2 g IV + gentam | Specify: Chorioamnionitis nicin 5 mg/kg IV + "And" Linked Panel |

| 2 g, intravenous, every 6 hours Classification: Broad Spectrum Antibiotic |
|--|
| When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Other Specify: Chorioamnionitis` |
| 5 mg/kg, intravenous, for 30 Minutes, every 24 hours Classification: Narrow Spectrum Antibiotic |
| When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Other |
| Specify: Chorioamnionitis |
| 900 mg, intravenous, for 30 Minutes, every 8 hours Classification: Narrow Spectrum Antibiotic |
| When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Other Specify: Chorioamnionitis |
| "And" Linked Panel |
| 2 g, intramuscular, every 6 hours Classification: Broad Spectrum Antibiotic |
| When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Other Specify: Chorioamnionitis IM Route Selection: I have opted to select the IM route because IV access could not be established |
| |

| [] gentamicin (GARAMYCIN) IV | 5 mg/kg, intravenous, for 30 Minutes, every 24 hours Classification: Narrow Spectrum Antibiotic |
|--|---|
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Other Specify: Chorioamnionitis |
| () aztreonam (AZACTAM) 2 g intraMUSCUL gentamicin 5 mg/kg IV + clindamycin (CLE | AR + "And" Linked Panel |
| IV [] aztreonam (AZACTAM) IM | 2 g, intramuscular, every 6 hours Classification: Broad Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis IM Route Selection: I have opted to select the IM route because IV access could not be established |
| [] gentamicin (GARAMYCIN) IV | 5 mg/kg, intravenous, for 30 Minutes, every 24 hours Classification: Narrow Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Other Specify: Chorioamnionitis |
| [] clindamycin (CLEOCIN) IV | 900 mg, intravenous, for 30 Minutes, every 8 hours Classification: Narrow Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected |
| Community-Acquired Pneumonia (Single Re | Indication: Sepsis |
| Does your patient have a SEVERE penicillin a | |
| () No (Single Response) | |
| () cefTRIAXone (ROCEPHIN) 1 g IV + azithr (ZITHROMAX) 500 mg IV | omycin "And" Linked Panel |

| [] cefTRIAXone (ROCEPHIN) IV | 1 g, intravenous, for 30 Minutes, every 24 hours Classification: Broad Spectrum Antibiotic |
|--|---|
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are |
| | NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and |
| | determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| | Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification |
| [] azithromycin (ZITHROMAX) IV | 500 mg, intravenous, for 60 Minutes, every 24 hours Classification: Narrow Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait |
| | for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are |
| | NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and |
| | determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected |
| | Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon |
| | patient's clinical response and source identification |
| () cefTRIAXone (ROCEPHIN) 1 g intraMUSCULA azithromycin (ZITHROMAX) 500 mg IV | R + "And" Linked Panel |
| [] cefTRIAXone (ROCEPHIN) IM | 1 g, intramuscular, every 24 hours Intramuscular route selected because no IV access available. |
| | Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). |
| | IM Route Selection: I have opted to select the IM route because IV |
| | access could not be established Indication: Sepsis |
| [] azithromycin (ZITHROMAX) IV | 500 mg, intravenous, for 60 Minutes, every 24 hours Classification: Narrow Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait |
| | for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y |
| | site compatible, then administer the Broad-spectrum antibiotic first. |
| | Refer to available Y site compatibility information and determination of |
| | broad-spectrum antibiotic selection chart. Indication: Sepsis |
|) Yes (Single Response) | |
| () aztreonam (AZACTAM) 2 g IV + azithromycin (ZITHROMAX) 500 mg IV | "And" Linked Panel |
| [] aztreonam (AZACTAM) IV | 2 g, intravenous, every 6 hours Classification: Broad Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait |
| | for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. |
| | Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| | |

| | [] azithromycin (ZITHROMAX) IV | 500 mg, intravenous, for 60 Minutes, every 24 hours Classification: Narrow Spectrum Antibiotic |
|----|---|---|
| | | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. |
| | | Reason for Therapy: Bacterial Infection Suspected |
| | | Indication: Sepsis |
| | | Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification Indication: Sepsis |
| | () aztreonam (AZACTAM) 2 g intraMUSCULAR + | "And" Linked Panel |
| | azithromycin (ZITHROMAX) 500 mg IV [] aztreonam (AZACTAM) IM | 2 g, intramuscular, every 6 hours |
| | [] aztreonam (AZACTAW) IW | Intramuscular route selected because no IV access available. |
| | | Administer dose by deep IM into large muscle mass (e.g. gluteal |
| | | muscles or lateral part of the thigh). |
| | | Reason for Therapy: Bacterial Infection Suspected |
| | | Indication: Sepsis |
| | | IM Route Selection: I have opted to select the IM route because IV access could not be established |
| | [] azithromycin (ZITHROMAX) IV | 500 mg, intravenous, for 60 Minutes, every 24 hours |
| | [] | Classification: Narrow Spectrum Antibiotic |
| | | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. |
| | | Indication: Sepsis IM Route Selection: I have opted to select the IM route because IV |
| | | access could not be established |
| [] | Nosocomial Pneumonia OR Community-Acquired Pneumonia with Multi Drug-Resistant Risk (Single Response) | |
| | (e.g. Nursing home resident, IV antibiotic exposure of immunosuppressed, on home infusion therapy or home.) | or hospitalization within previous 90 days, chronic dialysis, me wound care) mycin may be associated with an increased incidence of acute kidney |
| | Does your patient have a SEVERE penicillin allergy? | |
| | () No (Single Response) | |
| | Use meropenem (MERREM) if history of infection piperacillin/tazobactam or cefepime. | with ESBL-producing organism or recent prolonged treatment with |
| | () ceFEPime 2 g IV + vancomycin 15 mg/kg IV | |

| [] ceFEPime (MAXIPIME) IV | 2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic |
|--|--|
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| | Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification |
| [] vancomycin (VANCOCIN) IV + Pharmacy Con Dose (Selection Required) | sult to |
| [] vancomycin (VANCOCIN) | 15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent |
| | upon patient's clinical response and source identification |
| [] Pharmacy consult to manage vancomycin | STAT, Until discontinued, Starting S Reason for Therapy: Duration of Therapy (Days): Indication: Nosocomial Pneumonia or Community-Acquired Pneumonia with Multi Drug Resistant Classification: Narrow Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. |
| [] Adjunct Antibiotics - gentamicin 5 mg/kg IV +/- metroNIDAZOLE 500 mg IV | |
| [] gentamicin (GARAMYCIN) IVPB | 5 mg/kg, intravenous, for 30 Minutes, every 24 hours Classification: Narrow Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |

| [] metroNIDAZOLE (FLAGYL) IV | 500 mg, intravenous, every 8 hours Classification: Narrow Spectrum Antibiotic |
|---|---|
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| () ceFEPime 2 g intraMUSCULAR + vancomycin 1 IV | 5 mg/kg |
| [] cefepime (MAXIPIME) IM | 2 g, intramuscular, every 8 hours Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal |
| | muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected IM Route Selection: I have opted to select the IM route because IV access could not be established Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon |
| [] vancomycin (VANCOCIN) IV + Pharmacy Cons | patient's clinical response and source identification sult to |
| Dose (Selection Required) | 15 mg/kg introvonous overv 12 hours |
| [] vancomycin (VANCOCIN) [] Pharmacy consult to manage vancomycin | Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification Indication: Sepsis STAT, Until discontinued, Starting S |
| | Reason for Therapy: Duration of Therapy (Days): Indication: Nosocomial Pneumonia OR Community-Acquired Pneumonia with Multi Drug-Resistant Risk |
| [] Adjunct Antibiotics - gentamicin 5 mg/kg IV +/- metroNIDAZOLE 500 mg IV | |
| [] gentamicin (GARAMYCIN) IVPB | 5 mg/kg, intravenous, for 30 Minutes, every 24 hours Classification: Narrow Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |

| [] metroNIDAZOLE (FLAGYL) IV | 500 mg, intravenous, every 8 hours Classification: Narrow Spectrum Antibiotic |
|---|--|
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| () piperacillin-tazobactam (ZOSYN) 4.5 g IV + vand 15 mg/kg IV (NOT HMW) | · |
| [] piperacillin-tazobactam (ZOSYN) IV | 4.5 g, intravenous, for .5 Hours, every 6 hours Classification: Broad Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommended duration is dependent upon |
| [] vancomycin (VANCOCIN) IV + Pharmacy Cons | patient's clinical response and source identification |
| Dose (Selection Required) | |
| [] vancomycin (VANCOCIN) | 15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected |
| | Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification Indication: Sepsis |
| [] Pharmacy consult to manage vancomycin | STAT, Until discontinued, Starting S Reason for Therapy: Duration of Therapy (Days): Indication: Nosocomial Pneumonia OR Community-Acquired Pneumonia with Multi Drug-Resistant Risk |
| [] Adjunct Antibiotics - gentamicin 5 mg/kg IV +/- metroNIDAZOLE 500 mg IV | Ü |
| [] gentamicin (GARAMYCIN) IVPB | 5 mg/kg, intravenous, for 30 Minutes, every 24 hours Classification: Narrow Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |

| [] metroNIDAZOLE (FLAGYL) IV | 500 mg, intravenous, every 8 hours Classification: Narrow Spectrum Antibiotic |
|---|---|
| | Glassification. Natrow opectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer |
| | these immediately at the SAME TIME via different IV sites. Do not |
| | wait for the first antibiotic to infuse. If agents are Y-site compatible, |
| | they may be administered per Y-site protocols. IF the ordered agents |
| | are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and |
| | determination of broad-spectrum antibiotic selection chart. |
| | Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| () piperacillin-tazobactam (ZOSYN) 4.5 g IV + vai | |
| 15 mg/kg IV (HMW Only) | HMM/ Only) "Followed by" Linked Banel |
| [] piperacillin-tazobactam EI (ZOSYN) 4.5 g IV ([] piperacillin-tazobactam (ZOSYN) 4.5 g IV | HMW Only) "Followed by" Linked Panel 4.5 g, intravenous, for .5 Hours, once, For 1 Doses |
| Once | Classification: Broad Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer |
| | these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, |
| | they may be administered per Y-site protocols. IF the ordered agents |
| | are NOT Y site compatible, then administer the Broad-spectrum |
| | antibiotic first. Refer to available Y site compatibility information and |
| | determination of broad-spectrum antibiotic selection chart. |
| | Reason for Therapy: Bacterial Infection Suspected |
| | Indication: Sepsis |
| | Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification |
| [] piperacillin-tazobactam (ZOSYN) 4.5 g IV | 4.5 g, intravenous, for 4 Hours, every 8 hours, Starting H+6 Hours |
| every 8 hours | Classification: Broad Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer |
| | these immediately at the SAME TIME via different IV sites. Do not |
| | wait for the first antibiotic to infuse. If agents are Y-site compatible, |
| | they may be administered per Y-site protocols. IF the ordered agents |
| | are NOT Y site compatible, then administer the Broad-spectrum |
| | antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. |
| | Reason for Therapy: Bacterial Infection Suspected |
| | Indication: Sepsis |
| | Recommendation: Sepsis: Recommended duration is dependent |
| | upon patient's clinical response and source identification |
| [] vancomycin (VANCOCIN) IV + Pharmacy Cor Dose (Selection Required) | nsult to |
| [] vancomycin (VANCOCIN) | 15 mg/kg, intravenous, every 12 hours |
| | Classification: Narrow Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer |
| | these immediately at the SAME TIME via different IV sites. Do not |
| | wait for the first antibiotic to infuse. If agents are Y-site compatible, |
| | they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum |
| | antibiotic first. Refer to available Y site compatibility information and |
| | determination of broad-spectrum antibiotic selection chart. |
| | Reason for Therapy: Bacterial Infection Suspected |
| | Indication: Sepsis |

Indication: Sepsis

Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification

| STAT, Until discontinued, Starting S Reason for Therapy: Duration of Therapy (Days): Indication: Nosocomial Pneumonia OR Community-Acquired Pneumonia with Multi Drug-Resistant Risk |
|--|
| +/- |
| 5 mg/kg, intravenous, for 30 Minutes, every 24 hours Classification: Narrow Spectrum Antibiotic |
| When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| 500 mg, intravenous, every 8 hours Classification: Narrow Spectrum Antibiotic |
| When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| nycin 15 |
| 500 mg, intravenous, every 6 hours Classification: Broad Spectrum Antibiotic |
| When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| onsult to |
| 15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic |
| When multiple antimicrobial agents are ordered, you may administer |
| |

| [] Pharmacy consult to manage vancomycin | STAT, Until discontinued, Starting S Reason for Therapy: Duration of Therapy (Days): Indication: Nosocomial Pneumonia OR Community-Acquired Pneumonia with Multi Drug-Resistant Risk |
|---|---|
| [] Adjunct Antibiotics - gentamicin 5 mg/kg IV +/- metroNIDAZOLE 500 mg IV | · |
| [] gentamicin (GARAMYCIN) IVPB | 5 mg/kg, intravenous, for 30 Minutes, every 24 hours Classification: Narrow Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| [] metroNIDAZOLE (FLAGYL) IV | 500 mg, intravenous, every 8 hours Classification: Narrow Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| () meropenem (MERREM) 500 mg intraMUSCULA vancomycin 15 mg/kg IV | R + |
| [] meropenem (MERREM) IM | 500 mg, intramuscular, every 6 hours Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis IM Route Selection: I have opted to select the IM route because IV access could not be established |
| [] vancomycin (VANCOCIN) IV + Pharmacy Cons Dose (Selection Required) | sult to |
| [] vancomycin (VANCOCIN) | 15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification |
| [] Pharmacy consult to manage vancomycin | STAT, Until discontinued, Starting S Reason for Therapy: Duration of Therapy (Days): Indication: Nosocomial Pneumonia OR Community-Acquired Pneumonia with Multi Drug-Resistant Risk |

| metroNIDAZOLE 500 mg IV | 5 mg/kg intravenous for 20 Minutes over 24 hours |
|--|--|
| [] gentamicin (GARAMYCIN) IVPB | 5 mg/kg, intravenous, for 30 Minutes, every 24 hours Classification: Narrow Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administe these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, |
| | they may be administered per Y-site protocols. IF the ordered agent are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and |
| | determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| [] metroNIDAZOLE (FLAGYL) IV | 500 mg, intravenous, every 8 hours Classification: Narrow Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agent are NOT Y site compatible, then administer the Broad-spectrum |
| | antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| Yes (Single Response) | indication. Ocpoio |
| LES COULUIE L'ESPOUSE! | |
| · · · · · · · · · · · · · · · · · · · | - anaphylaxis, bronchospasm, angioedema, urticaria) |
| · · · · · · · · · · · · · · · · · · · | - anaphylaxis, bronchospasm, angioedema, urticaria) |
| (i.e. Type 1 immediate hypersensitivity reaction) aztreonam (AZACTAM) 2 g IV + vancomycin 1 IV | 5 mg/kg |
| (i.e. Type 1 immediate hypersensitivity reaction) aztreonam (AZACTAM) 2 g IV + vancomycin 1 | |
| (i.e. Type 1 immediate hypersensitivity reaction) aztreonam (AZACTAM) 2 g IV + vancomycin 1 IV | 5 mg/kg 2 g, intravenous, every 8 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wa for the first antibiotic to infuse. If agents are Y-site compatible, they m |
| (i.e. Type 1 immediate hypersensitivity reaction) aztreonam (AZACTAM) 2 g IV + vancomycin 1 IV | 2 g, intravenous, every 8 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wa for the first antibiotic to infuse. If agents are Y-site compatible, they m be administered per Y-site protocols. IF the ordered agents are NOT site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination or |
| (i.e. Type 1 immediate hypersensitivity reaction) aztreonam (AZACTAM) 2 g IV + vancomycin 1 IV | 2 g, intravenous, every 8 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wa for the first antibiotic to infuse. If agents are Y-site compatible, they m be administered per Y-site protocols. IF the ordered agents are NOT site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination o broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected |
| (i.e. Type 1 immediate hypersensitivity reaction) aztreonam (AZACTAM) 2 g IV + vancomycin 1 IV [] aztreonam (AZACTAM) IV | 2 g, intravenous, every 8 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wa for the first antibiotic to infuse. If agents are Y-site compatible, they m be administered per Y-site protocols. IF the ordered agents are NOT site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination or broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| (i.e. Type 1 immediate hypersensitivity reaction) aztreonam (AZACTAM) 2 g IV + vancomycin 1 IV [] aztreonam (AZACTAM) IV [] vancomycin (VANCOCIN) IV + Pharmacy Co | 2 g, intravenous, every 8 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wa for the first antibiotic to infuse. If agents are Y-site compatible, they m be administered per Y-site protocols. IF the ordered agents are NOT site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination or broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| (i.e. Type 1 immediate hypersensitivity reaction) aztreonam (AZACTAM) 2 g IV + vancomycin 1 IV [] aztreonam (AZACTAM) IV | 2 g, intravenous, every 8 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wa for the first antibiotic to infuse. If agents are Y-site compatible, they me be administered per Y-site protocols. IF the ordered agents are NOT site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Is mg/kg, intravenous, every 12 hours Reason for Therapy: Bacterial Infection Suspected |
| (i.e. Type 1 immediate hypersensitivity reaction) aztreonam (AZACTAM) 2 g IV + vancomycin 1 IV [] aztreonam (AZACTAM) IV [] vancomycin (VANCOCIN) IV + Pharmacy Co Dose (Selection Required) | 2 g, intravenous, every 8 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wa for the first antibiotic to infuse. If agents are Y-site compatible, they me be administered per Y-site protocols. IF the ordered agents are NOT site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis nsult to 15 mg/kg, intravenous, every 12 hours Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent |
| (i.e. Type 1 immediate hypersensitivity reaction) aztreonam (AZACTAM) 2 g IV + vancomycin 1 IV [] aztreonam (AZACTAM) IV [] vancomycin (VANCOCIN) IV + Pharmacy Co Dose (Selection Required) | 2 g, intravenous, every 8 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wa for the first antibiotic to infuse. If agents are Y-site compatible, they me be administered per Y-site protocols. IF the ordered agents are NOT site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis nsult to 15 mg/kg, intravenous, every 12 hours Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification STAT, Until discontinued, Starting S Reason for Therapy: Bacterial Infection Suspected |
| (i.e. Type 1 immediate hypersensitivity reaction) aztreonam (AZACTAM) 2 g IV + vancomycin 1 IV [] aztreonam (AZACTAM) IV [] vancomycin (VANCOCIN) IV + Pharmacy Co Dose (Selection Required) [] vancomycin (VANCOCIN) | 2 g, intravenous, every 8 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wa for the first antibiotic to infuse. If agents are Y-site compatible, they m be administered per Y-site protocols. IF the ordered agents are NOT site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination or broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis nsult to 15 mg/kg, intravenous, every 12 hours Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification STAT, Until discontinued, Starting S |

| [] gentamicin (GARAMYCIN) IVPB | 5 mg/kg, intravenous, for 30 Minutes, every 24 hours Classification: Narrow Spectrum Antibiotic |
|--|---|
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not |
| | wait for the first antibiotic to infuse. If agents are Y-site compatible, |
| | they may be administered per Y-site protocols. IF the ordered agents |
| | are NOT Y site compatible, then administer the Broad-spectrum |
| | antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. |
| | Reason for Therapy: Bacterial Infection Suspected |
| | Indication: Sepsis |
| [] metroNIDAZOLE (FLAGYL) IV | 500 mg, intravenous, every 8 hours Classification: Narrow Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer |
| | these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, |
| | they may be administered per Y-site protocols. IF the ordered agents |
| | are NOT Y site compatible, then administer the Broad-spectrum |
| | antibiotic first. Refer to available Y site compatibility information and |
| | determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected |
| | Indication: Sepsis |
|) aztreonam (AZACTAM) 2 g intraMUSCULAR + vancomcyin 15 mg/kg IV | |
| [] aztreonam (AZACTAM) IM | 2 g, intramuscular, every 8 hours |
| | Intramuscular route selected because no IV access available. |
| | Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). |
| | Reason for Therapy: Bacterial Infection Suspected |
| | Indication: Sepsis |
| | IM Route Selection: I have opted to select the IM route because IV access could not be established |
| [] vancomycin (VANCOCIN) IV + Pharmacy Cons Dose (Selection Required) | |
| [] vancomycin (VANCOCIN) | 15 mg/kg, intravenous, every 12 hours |
| | Reason for Therapy: Bacterial Infection Suspected |
| | Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent |
| | upon patient's clinical response and source identification |
| [] Pharmacy consult to manage vancomycin | STAT, Until discontinued, Starting S |
| | Reason for Therapy: Bacterial Infection Suspected |
| | Duration of Therapy (Days): |
| | Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent |
| | upon patient's clinical response and source identification |
| [] Adjunct Antibiotics - gentamicin 5 mg/kg IV +/- metroNIDAZOLE 500 mg IV | |
| [] gentamicin (GARAMYCIN) IVPB | 5 mg/kg, intravenous, for 30 Minutes, every 24 hours |
| | Classification: Narrow Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer |
| | these immediately at the SAME TIME via different IV sites. Do not |
| | wait for the first antibiotic to infuse. If agents are Y-site compatible, |
| | they may be administered per Y-site protocols. IF the ordered agents |
| | are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and |
| | determination of broad-spectrum antibiotic selection chart. |
| | Reason for Therapy: Bacterial Infection Suspected |
| | Indication: Sepsis |
| | |

| [] metroNIDAZOLE (FLAGYL) IV | 500 mg, intravenous, every 8 hours |
|---|--|
| | Classification: Narrow Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. |
| | Reason for Therapy: Bacterial Infection Suspected |
| Urinary Tract Infection (Single Response) | Indication: Sepsis |
| Does your patient have a SEVERE penicillin allerg | v? |
| 2000 your patient have a OLVERE pernomin anerg | , . |
| () No (Single Response) | |
| () cefTRIAXone (ROCEPHIN) IV | "Followed by" Linked Panel |
| [] cefTRIAxone (ROCEPHIN) IV | 2 g, intravenous, for 30 Minutes, once, For 1 Doses Classification: Broad Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| [] cefTRIAXone (ROCEPHIN) IV | 1 g, intravenous, for 30 Minutes, every 24 hours, Starting H+24 Hours Classification: Broad Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| () cefTRIAXone (ROCEPHIN) intraMUSCULAR | 1 g, intramuscular, every 24 hours Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis IM Route Selection: I have opted to select the IM route because IV access could not be established |
| () ceFEPime (MAXIPIME) IV | 2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |

| () ceFEPime (MAXIPIME) intraMUSCULAR | 2 g, intramuscular, every 8 hours Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis IM Route Selection: I have opted to select the IM route because IV access could not be established |
|---------------------------------------|---|
| () piperacillin-tazobactam (ZOSYN) IV | 4.5 g, intravenous, for .5 Hours, every 6 hours |
| (, p.p.: | Classification: Broad Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| () meropenem (MERREM) IV | 500 mg, intravenous, every 6 hours Classification: Broad Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| () meropenem (MERREM) intraMUSCULAR | 500 mg, intramuscular, every 6 hours Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| | IM Route Selection: I have opted to select the IM route because IV access could not be established |
| () No (Single Personse) | access could flot be established |
| () No (Single Response) | "Followed by" Linked Banel |
| () cefTRIAXone (ROCEPHIN) IV | "Followed by" Linked Panel |
| [] cefTRIAxone (ROCEPHIN) IV | 2 g, intravenous, for 30 Minutes, once, For 1 Doses Classification: Broad Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |

| [] cefTRIAXone (ROCEPHIN) IV | 1 g, intravenous, for 30 Minutes, every 24 hours, Starting H+24 Hours Classification: Broad Spectrum Antibiotic |
|--|---|
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| () cefTRIAXone (ROCEPHIN) | 1 g, intramuscular, every 24 hours |
| intraMUSCULAR | Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| () ceFEPime (MAXIPIME) IV | 2 g, intravenous, every 8 hours |
| () ceFEPime (MAXIPIME) IV | Classification: Broad Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| () ceFEPime (MAXIPIME) intraMUSCULAR | 2 g, intramuscular, every 8 hours Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis IM Route Selection: I have opted to select the IM route because IV access could not be established |
| () piperacillin-tazobactam EI (ZOSYN) 4.5 g IV (I | |
| [] piperacillin-tazobactam (ZOSYN) 4.5 g IV Once | 4.5 g, intravenous, for .5 Hours, once, For 1 Doses Classification: Broad Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification |

| [] piperacillin-tazobactam (ZOSYN) 4.5 g IV every 8 hours | 4.5 g, intravenous, for 4 Hours, every 8 hours, Starting H+8 Hours Classification: Broad Spectrum Antibiotic |
|---|---|
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommended duration is dependent upon patient's clinical response and source identification |
| () meropenem (MERREM) IV | 500 mg, intravenous, every 6 hours Classification: Broad Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| () meropenem (MERREM) intraMUSCULAR | 500 mg, intramuscular, every 6 hours Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis IM Route Selection: I have opted to select the IM route because IV access could not be established |
| () Yes (Single Response) | |
| () aztreonam (AZACTAM) 2 g IV or intraMUSCU (Single Response) | JLAR |
| () aztreonam (AZACTAM) 2 g IVPB | 2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| () aztreonam (AZACTAM) 2g intraMUSCULAR | 2 g, intramuscular, every 8 hours Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis IM Route Selection: I have opted to select the IM route because IV access could not be established |
| Skin and Soft Tissue Infection - Uncomplicated C (Single Response) | |
| () vancomycin (VANCOCIN) 15 mg/kg IV + Phari Consult to Dose (Selection Required) | nacy |

| | [] vancomycin (VANCOCIN) | 15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic |
|----|--|---|
| | I.1. Dharmagy consult to manage vencemyein | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification STAT, Until discontinued, Starting S |
| | [] Pharmacy consult to manage vancomycin | Reason for Therapy: Duration of Therapy (Days): Indication: Skin and Soft Tissue Infection - Uncomplicated Cellulitis |
| [] | Skin and Soft Tissue Infection - Complicated (necro | |
| _ | fasciitis, gangrene, diabetic foot) (Single Response | |
| | Does your patient have a SEVERE penicillin allergy | y? |
| | () No (Single Response) | |
| | () piperacillin-tazobactam (ZOSYN) 3.375 g IV + | |
| | vancomycin 15 mg/kg IV - NOT HMW | |
| | [] piperacillin-tazobactam (ZOSYN) IV | 3.375 g, intravenous, for .5 Hours, every 6 hours Classification: Broad Spectrum Antibiotic |
| | | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| | [] vancomycin (VANCOCIN) IV + Pharmacy Cor Dose (Selection Required) | nsult to |
| | [] vancomycin (VANCOCIN) | 15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic |
| | I.l. Dhormoou consult to reconstruction | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Indication: Sepsis Recommended duration is dependent upon patient's clinical response and source identification |
| | [] Pharmacy consult to manage vancomycin | STAT, Until discontinued, Starting S Reason for Therapy: Duration of Therapy (Days): Indication: Skin and Soft Tissue Infection - Complicated (necrotizing fasciitis, gangrene, diabetic foot) |

| [] Optional Adjunct: clindamycin (CLEOCIN) 900 mg IV | 900 mg, intravenous, for 30 Minutes, every 8 hours Classification: Narrow Spectrum Antibiotic |
|--|--|
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| piperacillin-tazobactam (ZOSYN) 3.375 g IV + vancomycin 15 mg/kg IV - HMW Only | |
| [] piperacillin-tazobactam (ZOSYN) 3.375 g IV | "Followed by" Linked Panel |
| [] piperacillin-tazobactam (ZOSYN) 3.375 g IV Once | 3.375 g, intravenous, for .5 Hours, once, For 1 Doses Classification: Broad Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| [] piperacillin-tazobactam (ZOSYN) 3.375 g IV every 8 hours | 3.375 g, intravenous, for 4 Hours, every 8 hours, Starting H+8 Hours Classification: Broad Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| [] vancomycin (VANCOCIN) IV + Pharmacy Co Dose (Selection Required) | nsult to |
| [] vancomycin (VANCOCIN) | 15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent |
| | upon patient's clinical response and source identification Indication: Sepsis |
| [] Pharmacy consult to manage vancomycin | STAT, Until discontinued, Starting S Reason for Therapy: Duration of Therapy (Days): |
| | Indication: Skin and Soft Tissue Infection - Complicated (necrotizing fasciitis, gangrene, diabetic foot) |

| [] Optional Adjunct: clindamycin (CLEOCIN) 900 mg IV | 900 mg, intravenous, for 30 Minutes, every 8 hours Classification: Narrow Spectrum Antibiotic |
|--|---|
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| () If Pseudomonas Suspected - piperacillin-tazob (ZOSYN) 4.5 g IV + vancomycin 15 mg/kg IV - Only | actam |
| [] piperacillin-tazobactam (ZOSYN) 4.5 g IV + va 15 mg/kg IV - HMW Only | ancomycin |
| [] piperacillin-tazobactam EI (ZOSYN) 4.5 g IV | (HMW Only) "Followed by" Linked Panel |
| [] piperacillin-tazobactam (ZOSYN) 4.5 g IV Once | 4.5 g, intravenous, for .5 Hours, once, For 1 Doses Classification: Broad Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| | Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification |
| [] piperacillin-tazobactam (ZOSYN) 4.5 g IV every 8 hours | 4.5 g, intravenous, for 4 Hours, every 8 hours, Starting H+6 Hours Classification: Broad Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification |
| [] vancomycin (VANCOCIN) IV + Pharmacy Co Dose (Selection Required) | |
| [] vancomycin (VANCOCIN) | 15 mg/kg, intravenous, every 12 hours |
| [] Vancomycin (VANCOCIN) | Classification: Narrow Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification |

| [] Pharmacy consult to manage vancomycin | STAT, Until discontinued, Starting S Reason for Therapy: |
|--|---|
| | Duration of Therapy (Days): |
| | Indication: Skin and Soft Tissue Infection - Complicated (necrotizing |
| | fasciitis, gangrene, diabetic foot) |
| [] Optional Adjunct: clindamycin (CLEOCIN) | 900 mg, intravenous, for 30 Minutes, every 8 hours |
| 900 mg IV | Classification: Narrow Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer |
| | these immediately at the SAME TIME via different IV sites. Do not |
| | wait for the first antibiotic to infuse. If agents are Y-site compatible, |
| | they may be administered per Y-site protocols. IF the ordered agents |
| | are NOT Y site compatible, then administer the Broad-spectrum |
| | antibiotic first. Refer to available Y site compatibility information and |
| | determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected |
| | Indication: Sepsis |
| If Pseudomonas Suspected - piperacillin-tazobac | ctam |
| (ZOSYN) 4.5 g IV + vancomycin 15 mg/kg IV - N HMW | 101 |
|] If Pseudomonas Suspected - piperacillin-tazoba | |
| (ZOSYN) 4.5 g IV + vancomycin 15 mg/kg IV - HMW | NOT |
| [] piperacillin-tazobactam (ZOSYN) IV | 4.5 g, intravenous, for .5 Hours, every 6 hours |
| | Classification: Broad Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer |
| | these immediately at the SAME TIME via different IV sites. Do not |
| | wait for the first antibiotic to infuse. If agents are Y-site compatible, |
| | they may be administered per Y-site protocols. IF the ordered agents |
| | are NOT Y site compatible, then administer the Broad-spectrum |
| | antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. |
| | Reason for Therapy: Bacterial Infection Suspected |
| | Reacon for Thorapy. Bacterial infoction Cacpoolea |
| | Indication: Sepsis |
| vancomycin (VANCOCIN) IV + Pharmacy Cor Dose (Selection Required) | · |
| vancomycin (VANCOCIN) IV + Pharmacy Cor Dose (Selection Required) vancomycin (VANCOCIN) | · |
| Dose (Selection Required) | nsult to |
| Dose (Selection Required) | nsult to 15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic |
| Dose (Selection Required) | nsult to 15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic |
| Dose (Selection Required) | nsult to 15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administe |
| Dose (Selection Required) | 15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administe these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agen |
| Dose (Selection Required) | 15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administe these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agen are NOT Y site compatible, then administer the Broad-spectrum |
| Dose (Selection Required) | 15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administe these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agen are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and |
| Dose (Selection Required) | 15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administe these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agent are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. |
| Dose (Selection Required) | 15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administe these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agent are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected |
| Dose (Selection Required) | 15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administe these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agent are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| Dose (Selection Required) | 15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administe these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agent are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Indication: Sepsis |
| Dose (Selection Required) | 15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administe these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agent are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent |
| Dose (Selection Required) | 15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administe these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agent are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Indication: Sepsis |
| Dose (Selection Required) [] vancomycin (VANCOCIN) | 15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administe these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agent are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification STAT, Until discontinued, Starting S Reason for Therapy: |
| Dose (Selection Required) [] vancomycin (VANCOCIN) | 15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administe these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agen are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification STAT, Until discontinued, Starting S Reason for Therapy: Duration of Therapy (Days): |
| Dose (Selection Required) [] vancomycin (VANCOCIN) | 15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administe these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agent are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification STAT, Until discontinued, Starting S Reason for Therapy: |

| 900 mg, intravenous, for 30 Minutes, every 8 hours Classification: Narrow Spectrum Antibiotic |
|---|
| When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, |
| they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum |
| antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. |
| Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| |
| mg/kg |
| 2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic |
| When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not was |
| for the first antibiotic to infuse. If agents are Y-site compatible, they m be administered per Y-site protocols. IF the ordered agents are NOT |
| site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination o |
| broad-spectrum antibiotic selection chart. |
| Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| sult to |
| 15 mg/kg, intravenous, every 12 hours |
| Classification: Narrow Spectrum Antibiotic |
| When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents |
| are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. |
| Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent |
| upon patient's clinical response and source identification |
| STAT, Until discontinued, Starting S Reason for Therapy: |
| Duration of Therapy (Days): |
| Indication: Skin and Soft Tissue Infection - Complicated (necrotizing fasciitis, gangrene, diabetic foot) |
| 900 mg, intravenous, for 30 Minutes, every 8 hours |
| Classification: Narrow Spectrum Antibiotic |
| When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wa |
| for the first antibiotic to infuse. If agents are Y-site compatible, they me administered per Y-site protocols. IF the ordered agents are NOT |
| site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of |
| broad-spectrum antibiotic selection chart. |
| Reason for Therapy: Bacterial Infection Suspected |
| |

| [] aztreonam (AZACTAM) IV | 2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic |
|---|---|
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| [] vancomycin (VANCOCIN) IV + Pharmacy Cons | sult to |
| Dose (Selection Required) [] vancomycin (VANCOCIN) IV | 15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Indication: Sepsis |
| | Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification |
| [] Pharmacy consult to manage vancomycin | STAT, Until discontinued, Starting S Reason for Therapy: Duration of Therapy (Days): Indication: Skin and Soft Tissue Infection - Complicated (necrotizing fasciitis, gangrene, diabetic foot) |
| [] metroNIDAZOLE (FLAGYL) IV | 500 mg, intravenous, every 6 hours Classification: Narrow Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| () aztreonam (AZACTAM) 2 g intraMUSCULAR + vancomycin 15 mg/kg IV + clindamycin (CLEOC mg IV | |
| [] aztreonam (AZACTAM) intraMUSCULAR | 2 g, intramuscular, every 8 hours Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis IM Route Selection: I have opted to select the IM route because IV access could not be established |
| [] vancomycin (VANCOCIN) IV + Pharmacy Cons Dose (Selection Required) | |

| 15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic |
|---|
| When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. |
| Reason for Therapy: Bacterial Infection Suspected |
| Indication: Sepsis |
| Indication: Sepsis |
| Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification |
| STAT, Until discontinued, Starting S |
| Reason for Therapy: |
| Duration of Therapy (Days): Indication: Skin and Soft Tissue Infection - Complicated (necrotizing |
| fasciitis, gangrene, diabetic foot) |
| 900 mg, intravenous, for 30 Minutes, every 8 hours Classification: Narrow Spectrum Antibiotic |
| When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. |
| Reason for Therapy: Bacterial Infection Suspected |
| Indication: Sepsis |
| + FLAGYL) |
| |
| 2 g, intramuscular, every 8 hours Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis IM Route Selection: I have opted to select the IM route because IV access could not be established |
| 2 g, intramuscular, every 8 hours Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis IM Route Selection: I have opted to select the IM route because IV |
| 2 g, intramuscular, every 8 hours Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis IM Route Selection: I have opted to select the IM route because IV access could not be established |
| |

| [] Pharmacy consult to manage vancomycin | STAT, Until discontinued, Starting S Reason for Therapy: Duration of Therapy (Days): |
|--|--|
| | Indication: Skin and Soft Tissue Infection - Complicated (necrotizing fasciitis, gangrene, diabetic foot) |
| [] metroNIDAZOLE (FLAGYL) IV | 500 mg, intravenous, every 6 hours Classification: Narrow Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| [] Sepsis of Unknown Source or IV Catheter-Related Infection (Single Response) | |
| Does your patient have a SEVERE penicillin allergy | ? |
| () No (Single Response) | |
| () ceFEPime 2 g IV + vancomycin 15 mg/kg IV | O a lintra canada a cuama O hacema |
| [] ceFEPime (MAXIPIME) IV | 2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents |
| | are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| [] vancomycin (VANCOCIN) IV + Pharmacy Cons Dose (Selection Required) | |
| [] vancomycin (VANCOCIN) | 15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and |
| | determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| | Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification |
| [] Pharmacy consult to manage vancomycin | STAT, Until discontinued, Starting S Reason for Therapy: Duration of Therapy (Days): Indication: Sepsis of Unknown Source or IV Catheter-Related Infection |
| () ceFEPime 2 g intraMUSCULAR + vancomycin 1 | |

| [] cefepime (MAXIPIME) IM | 2 g, intramuscular, every 8 hours |
|---|---|
| , | Intramuscular route selected because no IV access available. |
| | Administer dose by deep IM into large muscle mass (e.g. gluteal |
| | muscles or lateral part of the thigh). |
| | Reason for Therapy: Bacterial Infection Suspected |
| | · · |
| | Indication: Sepsis |
| | IM Route Selection: I have opted to select the IM route because IV |
| . (//////////////////////////////////// | access could not be established |
| [] vancomycin (VANCOCIN) IV + Pharmacy Cons Dose (Selection Required) | sult to |
| [] vancomycin (VANCOCIN) | 15 mg/kg, intravenous, every 12 hours |
| | Classification: Narrow Spectrum Antibiotic |
| | |
| | When multiple antimicrobial agents are ordered, you may administer |
| | these immediately at the SAME TIME via different IV sites. Do not |
| | wait for the first antibiotic to infuse. If agents are Y-site compatible, |
| | they may be administered per Y-site protocols. IF the ordered agents |
| | are NOT Y site compatible, then administer the Broad-spectrum |
| | antibiotic first. Refer to available Y site compatibility information and |
| | determination of broad-spectrum antibiotic selection chart. |
| | Reason for Therapy: Bacterial Infection Suspected |
| | Indication: Sepsis |
| | Indication: Sepsis |
| | Recommendation: Sepsis: Recommended duration is dependent |
| | upon patient's clinical response and source identification |
| [1] Pharmacy concult to manage vancemycin | STAT, Until discontinued, Starting S |
| [] Pharmacy consult to manage vancomycin | Reason for Therapy: |
| | Duration of Therapy (Days): |
| | |
| | Indication: Sepsis of Unknown Source or IV Catheter-Related Infection |
| () piperacillin-tazobactam (ZOSYN) 3.375 g IV + | mection |
| vancomycin 15 mg/kg IV - HMW Only | HE-H I I I Parad |
| [] piperacillin-tazobactam (ZOSYN) 3.375 g IV | "Followed by" Linked Panel |
| [1 .''!!'. (| 0.075 - 1:10 |
| [] piperacillin-tazobactam (ZOSYN) 3.375 g IV Once | 3.375 g, intravenous, for .5 Hours, once, For 1 Doses Classification: Broad Spectrum Antibiotic |
| · · · · · · · · · · · · · · · · · · · | Classification: Broad Spectrum Antibiotic |
| · · · · · · · · · · · · · · · · · · · | Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer |
| · · · · · · · · · · · · · · · · · · · | Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not |
| · · · · · · · · · · · · · · · · · · · | Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, |
| · · · · · · · · · · · · · · · · · · · | Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents |
| · · · · · · · · · · · · · · · · · · · | Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum |
| · · · · · · · · · · · · · · · · · · · | Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and |
| · · · · · · · · · · · · · · · · · · · | Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. |
| · · · · · · · · · · · · · · · · · · · | Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected |
| Once | Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| · · · · · · · · · · · · · · · · · · · | Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected |
| Once [] piperacillin-tazobactam (ZOSYN) 3.375 g IV | Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis 3.375 g, intravenous, for 4 Hours, every 8 hours, Starting H+8 Hours Classification: Broad Spectrum Antibiotic |
| Once [] piperacillin-tazobactam (ZOSYN) 3.375 g IV | Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis 3.375 g, intravenous, for 4 Hours, every 8 hours, Starting H+8 Hours Classification: Broad Spectrum Antibiotic |
| Once [] piperacillin-tazobactam (ZOSYN) 3.375 g IV | Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis 3.375 g, intravenous, for 4 Hours, every 8 hours, Starting H+8 Hours Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not |
| Once [] piperacillin-tazobactam (ZOSYN) 3.375 g IV | Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis 3.375 g, intravenous, for 4 Hours, every 8 hours, Starting H+8 Hours Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, |
| Once [] piperacillin-tazobactam (ZOSYN) 3.375 g IV | Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis 3.375 g, intravenous, for 4 Hours, every 8 hours, Starting H+8 Hours Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents |
| Once [] piperacillin-tazobactam (ZOSYN) 3.375 g IV | Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis 3.375 g, intravenous, for 4 Hours, every 8 hours, Starting H+8 Hours Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum |
| Once [] piperacillin-tazobactam (ZOSYN) 3.375 g IV | Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis 3.375 g, intravenous, for 4 Hours, every 8 hours, Starting H+8 Hours Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and |
| Once [] piperacillin-tazobactam (ZOSYN) 3.375 g IV | Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis 3.375 g, intravenous, for 4 Hours, every 8 hours, Starting H+8 Hours Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. |
| Once [] piperacillin-tazobactam (ZOSYN) 3.375 g IV | Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis 3.375 g, intravenous, for 4 Hours, every 8 hours, Starting H+8 Hours Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected |
| Once [] piperacillin-tazobactam (ZOSYN) 3.375 g IV | Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis 3.375 g, intravenous, for 4 Hours, every 8 hours, Starting H+8 Hours Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |

| [] vancomycin (VANCOCIN) | 15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic |
|--|---|
| | When multiple antimicrobial agents are ordered, you may administer |
| | these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, |
| | they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum |
| | antibiotic first. Refer to available Y site compatibility information and |
| | determination of broad-spectrum antibiotic selection chart. Reason for Therapy: |
| | Indication: Sepsis |
| [] Pharmacy consult to manage vancomycin | STAT, Until discontinued, Starting S Reason for Therapy: |
| | Duration of Therapy (Days): |
| | Indication: Sepsis of Unknown Source or IV Catheter-Related Infection |
|) piperacillin-tazobactam (ZOSYN) 3.375 g IV + vancomycin 15 mg/kg IV - NOT HMW | IIIIection |
| [] piperacillin-tazobactam (ZOSYN) IV | 3.375 g, intravenous, every 6 hours |
| | Classification: Broad Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer |
| | these immediately at the SAME TIME via different IV sites. Do not wai |
| | for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT \ |
| | site compatible, then administer the Broad-spectrum antibiotic first. |
| | Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. |
| | Reason for Therapy: Bacterial Infection Suspected |
| | Indication: Sepsis |
| | Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification |
| [] vancomycin (VANCOCIN) IV + Pharmacy Cor Dose (Selection Required) | |
| [] vancomycin (VANCOCIŃ) | 15 mg/kg, intravenous, every 12 hours |
| | Classification: Narrow Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer |
| | these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, |
| | they may be administered per Y-site protocols. IF the ordered agents |
| | are NOT Y site compatible, then administer the Broad-spectrum |
| | antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. |
| | Reason for Therapy: Bacterial Infection Suspected |
| | Indication: Sepsis |
| | Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification |
| Pharmacy consult to manage vancomycin If Pseudomonas Suspected - piperacillin-tazoba | STAT, Until discontinued, Starting S |
| | Reason for Therapy: Duration of Therapy (Days): |
| | Indication: Sepsis of Unknown Source or IV Catheter-Related |
| | Infection |

| 4.5 g, intravenous, every 6 hours Classification: Broad Spectrum Antibiotic |
|---|
| When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon |
| patient's clinical response and source identification asult to |
| |
| 15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic |
| When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification |
| STAT, Until discontinued, Starting S Reason for Therapy: Duration of Therapy (Days): Indication: Sepsis of Unknown Source or IV Catheter-Related Infection |
| actam HMW |
| HMW Only) "Followed by" Linked Panel |
| 4.5 g, intravenous, for .5 Hours, once, For 1 Doses Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification |
| |

| [] piperacillin-tazobactam (ZOSYN) 4.5 g IV every 8 hours | 4.5 g, intravenous, for 4 Hours, every 8 hours, Starting H+8 Hours Classification: Broad Spectrum Antibiotic |
|---|---|
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| | Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification |
| [] vancomycin (VANCOCIN) IV + Pharmacy Col Dose (Selection Required) | |
| [] vancomycin (VANCOCIN) | 15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Indication: Sepsis Recommendation: |
| [] Pharmacy consult to manage vancomycin | STAT, Until discontinued, Starting S Reason for Therapy: Duration of Therapy (Days): Indication: Sepsis of Unknown Source or IV Catheter-Related Infection |
| Yes (Single Response) | |
| | - anaphylaxis, bronchospasm, angioedema, urticaria) |
|) aztreonam (AZACTAM) 2 g IV + vancomycin 1 IV | 5 mg/kg |
| [] aztreonam (AZACTAM) IV | 2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic |
| vancomycin (VANCOCIN) IV + Pharmacy Co | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they mabe administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |

| | [] vancomycin (VANCOCIN) | 15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic |
|--------|--|--|
| | | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification |
| | [] Pharmacy consult to manage vancomycin | STAT, Until discontinued, Starting S Reason for Therapy: Duration of Therapy (Days): Indication: Sepsis of Unknown Source or IV Catheter-Related Infection |
| | () aztreonam (AZACTAM) 2 g intraMUSCULAR + vancomycin 15 mg/kg IV | mection |
| | [] aztreonam (AZACTAM) IM | 2 g, intramuscular, every 8 hours Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis IM Route Selection: I have opted to select the IM route because IV access could not be established |
| | [] vancomycin (VANCOCIN) IV + Pharmacy Cons Dose (Selection Required) | |
| | [] vancomycin (VANCOCIN) | 15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic |
| | | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent |
| | [] Pharmacy consult to manage vancomycin | upon patient's clinical response and source identification STAT, Until discontinued, Starting S Reason for Therapy: Duration of Therapy (Days): Indication: Sepsis of Unknown Source or IV Catheter-Related Infection |
| [] | Intra-Abdominal Infections (Single Response) | mection |
| | Use meropenem if history of infection with ESBL-pro Sources: Complicated Intra-abdominal Infection Guid | oducing organism or recent prolonged treatment with zosyn or cefepime. delines. Clinical Infectious Diseases 2010; 50:133-64. ANTIBIOTIC 16. Houston Methodist Hospital/Department of Laboratory |
| | Does your patient have a SEVERE penicillin allergy? | ? |
| | () No | |
| | | |

| [] ceFEPime IV + metroNIDAZOLE (FLAGYL) OR | |
|--|--|
| piperacillin-tazobactam (ZOSYN) IV OR meropen | |
| (MERREM) IV - NOT HMW (Single Response) (S | election |
| Required) | |
| () ceFEPime (MAXIPIME) 2 g IV + metroNIDAZOL (FLAGYL) 500 mg IV (Selection Required) | E "And" Linked Panel |
| [] ceFEPime (MAXIPIME) IV | 2 g, intravenous, every 8 hours |
| | Classification: Broad Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| [] metroNIDAZOLE (FLAGYL) IV | 500 mg, intravenous, every 8 hours |
| | Classification: Narrow Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| () ceFEPime (MAXIPIME) 2 g intraMUSCULAR + | "And" Linked Panel |
| metroNIDAZOLE (FLAGYL) 500 mg IV (Selection | n |
| Required) | |
| [] ceFEPime (MAXIPIME) IM | 2 g, intramuscular, every 8 hours |
| | Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis IM Route Selection: I have opted to select the IM route because IV access could not be established |
| [] metroNIDAZOLE (FLAGYL) IV | 500 mg, intravenous, every 8 hours |
| | Classification: Narrow Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |

| () piperacillin-tazobactam (ZOSYN) 3.375 g IV | 3.375 g, intravenous, for .5 Hours, every 6 hours Classification: Broad Spectrum Antibiotic |
|---|--|
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they ma be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| () If Pseudomonas Suspected - piperacillin-tazobactam (ZOSYN) 4.5 g IV | 4.5 g, intravenous, for .5 Hours, every 6 hours Classification: Broad Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| () meropenem (MERREM) 500 mg IV | |
| [] meropenem (MERREM) IV | 500 mg, intravenous, every 6 hours Classification: Broad Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected |
| | Indication: Sepsis |
| | Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification |
| () meropenem (MERREM) 500 mg intraMUSCUI | |
| [] meropenem (MERREM) IM | 500 mg, intramuscular, every 6 hours Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). |
| | Reason for Therapy: Bacterial Infection Suspected IM Route Selection: I have opted to select the IM route because IV access could not be established |
| | Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification |
| ceFEPime IV + metroNIDAZOLE (FLAGYL) OR piperacillin-tazobactam (ZOSYN) IV OR merope (MERREM) IV - HMW Only (Single Response) Required) | enem |
| () ceFEPime (MAXIPIME) 2 g IV + metroNIDAZO | DLE "And" Linked Panel |

| [] ceFEPime (MAXIPIME) IV | 2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic |
|---|--|
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| [] metroNIDAZOLE (FLAGYL) IV | 500 mg, intravenous, every 8 hours Classification: Narrow Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| ceFEPime (MAXIPIME) 2 g intraMUSCULAR + metroNIDAZOLE (FLAGYL) 500 mg IV (Selection Required) | "And" Linked Panel on |
| [] ceFEPime (MAXIPIME) IM | 2 g, intramuscular, every 8 hours Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis IM Route Selection: I have opted to select the IM route because IV access could not be established |
| [] metroNIDAZOLE (FLAGYL) IV | 500 mg, intravenous, every 8 hours Classification: Narrow Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| () piperacillin-tazobactam (ZOSYN) 3.375 g IV | "Followed by" Linked Panel |
| [] piperacillin-tazobactam (ZOSYN) 3.375 g IV Once | 3.375 g, intravenous, for .5 Hours, once, For 1 Doses Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and |
| | |

| [] | piperacillin-tazobactam (ZOSYN) 3.375 g IV every 8 hours | 3.375 g, intravenous, for 4 Hours, every 8 hours, Starting H+8 Hours Classification: Broad Spectrum Antibiotic |
|-----|---|---|
| | | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not written the first antibiotic to infuse. If agents are V site agents in the same tible. |
| | wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agent | |
| | are NOT Y site compatible, then administer the Broad-spectrum | |
| | antibiotic first. Refer to available Y site compatibility information and | |
| | | determination of broad-spectrum antibiotic selection chart. |
| | | Reason for Therapy: Bacterial Infection Suspected |
| | f Pseudomonas Suspected - piperacillin-tazoba | Indication: Sepsis actam "Followed by" Linked Panel |
| | ZOSYN) 4.5 g IV | |
| [] | piperacillin-tazobactam (ZOSYN) 4.5 g IV Once | 4.5 g, intravenous, for .5 Hours, once, For 1 Doses Classification: Broad Spectrum Antibiotic |
| | | When multiple antimicrobial agents are ordered, you may administe these immediately at the SAME TIME via different IV sites. Do not |
| | | wait for the first antibiotic to infuse. If agents are Y-site compatible, |
| | | they may be administered per Y-site protocols. IF the ordered agent are NOT Y site compatible, then administer the Broad-spectrum |
| | | antibiotic first. Refer to available Y site compatibility information and |
| | | determination of broad-spectrum antibiotic selection chart. |
| | | Reason for Therapy: Bacterial Infection Suspected |
| | | Indication: Sepsis |
| | | Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification |
| 1 | piperacillin-tazobactam (ZOSYN) 4.5 g IV | 4.5 g, intravenous, for 4 Hours, every 8 hours, Starting H+8 Hours |
| | every 8 hours | Classification: Broad Spectrum Antibiotic |
| | | When multiple antimicrobial agents are ordered, you may administe these immediately at the SAME TIME via different IV sites. Do not |
| | | wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agent are NOT Y site compatible, then administer the Broad-spectrum |
| | | antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. |
| | | Reason for Therapy: Bacterial Infection Suspected |
| | | Indication: Sepsis |
| | | Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification |
|) r | meropenem (MERREM) 500 mg IV | |
| [] | meropenem (MERREM) IV | 500 mg, intravenous, every 6 hours Classification: Broad Spectrum Antibiotic |
| | | When multiple antimicrobial agents are ordered, you may administe these immediately at the SAME TIME via different IV sites. Do not |
| | | wait for the first antibiotic to infuse. If agents are Y-site compatible, |
| | | they may be administered per Y-site protocols. IF the ordered agent |
| | | are NOT Y site compatible, then administer the Broad-spectrum |
| | | antibiotic first. Refer to available Y site compatibility information and |
| | | determination of broad-spectrum antibiotic selection chart. |
| | | Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| | | Recommendation: Sepsis: Recommended duration is dependent |
| | | upon patient's clinical response and source identification |

| [] meropenem (MERREM) IM | 0.5 g, intramuscular, every 6 hours Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). |
|---|--|
| | Reason for Therapy: Bacterial Infection Suspected |
| | IM Route Selection: I have opted to select the IM route because IV |
| | access could not be established |
| | Indication: Sepsis |
| | Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification |
| IF health-care associated, ADD - vancomycin (VANCOCIN) IV (Selection Required) | |
|] vancomycin (VANCOCIN) | 15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they make administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Indication: Sepsis |
| | Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification |
|] Pharmacy consult to manage vancomycin | STAT, Until discontinued, Starting S Reason for Therapy: Duration of Therapy (Days): |
| | Indication: Intra-abdominal infections |
| IF high risk or severe, consider antifungal covera fluconazole (DIFLUCAN) 400 mg IV | ge - |
|] fluconazole (DIFLUCAN) IV | 400 mg, intravenous, for 60 Minutes, every 24 hours Classification: Narrow Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: Reason for Therapy: |
| Yes (Single Response) | 17 |
| | |

| [] aztreonam (AZACTAM) IV | 2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic |
|--|---|
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. |
| | Refer to available Y site compatibility information and determination of |
| | broad-spectrum antibiotic selection chart. Type of Therapy: New Anti-Infective Order |
| | Reason for Therapy: Bacterial Infection Suspected |
| | Indication: Sepsis |
| [] metroNIDAZOLE (FLAGYL) IV | 500 mg, intravenous, every 8 hours Classification: Narrow Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer |
| | these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may |
| | be administered per Y-site protocols. IF the ordered agents are NOT Y |
| | site compatible, then administer the Broad-spectrum antibiotic first. |
| | Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. |
| | Type of Therapy: New Anti-Infective Order |
| | Reason for Therapy: Bacterial Infection Suspected |
| [] OPTIONAL - vancomycin 15 mg/kg IV (Select Required) | Indication: Sepsis ion |
| [] vancomycin (VANCOCIN) | 15 mg/kg, intravenous, every 12 hours |
| | Classification: Narrow Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not |
| | wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum |
| | antibiotic first. Refer to available Y site compatibility information and |
| | determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected |
| | Indication: Sepsis |
| | Indication: Sepsis |
| | Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification |
| [] Pharmacy consult to manage vancomycin | STAT, Until discontinued, Starting S |
| | Reason for Therapy: |
| | Duration of Therapy (Days): Indication: Intra-abdominal infections |
|) aztreonam (AZACTAM) 2 g intraMUSCULAR + metroNIDAZOLE (FLAGYL) 500 mg IV | indication. Intra-abdominar infections |
| | |
| [] aztreonam (AZACTAM) IM | 2 g, intramuscular, every 8 hours |
| [] aztreonam (AZACTAM) IM | Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal |
| [] aztreonam (AZACTAM) IM | Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). |
| [] aztreonam (AZACTAM) IM | Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected |
| [] aztreonam (AZACTAM) IM | Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Type of Therapy: New Anti-Infective Order |

| [] metroNIDAZOLE (FLAGYL) IV | 500 mg, intravenous, every 8 hours Classification: Narrow Spectrum Antibiotic |
|---|--|
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| OPTIONAL - vancomycin 15 mg/kg IV (Selec Required) | tion |
| [] vancomycin (VANCOCIN) | 15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification |
| [] Pharmacy consult to manage vancomycin | STAT, Until discontinued, Starting S Reason for Therapy: Duration of Therapy (Days): |
| | Indication: Intra-abdominal infections |
| [] Bacterial Meningitis - Community-Acquired and ImmunoCOMPETENT (Single Response) | |
| Does your patient have a SEVERE penicillin allergy | ? |
| () No (Single Response) | |
| Dexamethasone is recommended for treatment o | f proven or suspected pneumococcal meningitis due to S. pneumoniae |
| () cefTRIAXone (ROCEPHIN) 2 g IV + vancomycir mg/kg IV - For Patients LESS than 50 years old | n 15 |
| [] cefTRIAxone (ROCEPHIN) IV | 2 g, intravenous, for 30 Minutes, every 12 hours Classification: Broad Spectrum Antibiotic |
| vancomycin (VANCOCIN) IV + Pharmacy Cons | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| Dose (Selection Required) | |

| [] vancomycin (VANCOCIN) IV | 15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic |
|--|---|
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Indication: Sepsis |
| | Recommendation: Sepsis: Recommended duration is dependent |
| | upon patient's clinical response and source identification |
| [] Pharmacy consult to manage vancomycin | STAT, Until discontinued, Starting S Reason for Therapy: Duration of Therapy (Days): Indication: Bacterial Meningitis - Community-Acquired and |
| [] ODTIONAL Additional Therenias | ImmunoCOMPETENT |
| [] OPTIONAL Additional Therapies - dexamethasone (DECADRON) IV | 0.15 mg/kg, intravenous, once, For 1 Doses Administer 15-20 minutes before 1st dose of antibiotics. |
|) cefTRIAXone (ROCEPHIN) 2 g IV + vancomycii | |
| mg/kg IV + ampicillin 2 g IV - For Patients GRE/ than 50 years old | |
| [] cefTRIAxone (ROCEPHIN) IV | 2 g, intravenous, for 30 Minutes, every 12 hours |
| | Classification: Broad Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| [] vancomycin (VANCOCIN) IV + Pharmacy Con Dose (Selection Required) | sult to |
| [] vancomycin (VANCOCIN) | 15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Indication: Sepsis |
| [] Pharmacy consult to manage vancomycin | STAT, Until discontinued, Starting S |

| [] ampicillin IV | 2 g, intravenous, for 30 Minutes, every 4 hours Classification: Narrow Spectrum Antibiotic |
|--|---|
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not waifor the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected |
| [] OPTIONAL Additional Therapies - | Indication: Sepsis 0.15 mg/kg, intravenous, once, For 1 Doses |
| dexamethasone (DECADRON) IV | Administer 15-20 minutes before 1st dose of antibiotics. |
| cefTRIAXone (ROCEPHIN) 2 g intraMUSCULA vancomycin 15 mg/kg IV - For Patients LESS t years old | |
| [] cefTRIAXone (ROCEPHIN) IM | 2 g, intramuscular, every 12 hours Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis IM Route Selection: I have opted to select the IM route because IV access could not be established |
| [] vancomycin (VANCOCIN) IV + Pharmacy Col Dose (Selection Required) | nsult to |
| [] vancomycin (VANCOCIN) | 15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Indication: Sepsis |
| [] Pharmacy consult to manage vancomycin | STAT, Until discontinued, Starting S Reason for Therapy: Duration of Therapy (Days): Indication: Bacterial Meningitis - Community-Acquired and ImmunoCOMPETENT |
| [] OPTIONAL Additional Therapies - dexamethasone (DECADRON) IV | 0.15 mg/kg, intravenous, once, For 1 Doses Administer 15-20 minutes before 1st dose of antibiotics. |
|) cefTRIAXone (ROCEPHIN) 2 g intraMUSCULA vancomycin 15 mg/kg IV + ampicillin 2 g intraMUSCULAR - For Patients GREATER that old | AR + |
| [] cefTRIAXone (ROCEPHIN) IM | 2 g, intramuscular, every 12 hours Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis IM Route Selection: I have opted to select the IM route because IV access could not be established |

| [] vancomycin (VANCOCIN) | 15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic |
|---|---|
| [] Pharmacy consult to manage vancomycin | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Indication: Sepsis Recommended duration is dependent upon patient's clinical response and source identification STAT, Until discontinued, Starting S Reason for Therapy: |
| | Duration of Therapy (Days): Indication: Bacterial Meningitis - Community-Acquired and ImmunoCOMPETENT |
| [] ampicillin IM | 2 g, intramuscular, every 4 hours Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis IM Route Selection: I have opted to select the IM route because IV access could not be established |
| [] OPTIONAL Additional Therapies - | 0.15 mg/kg, intravenous, once, For 1 Doses |
| dexamethasone (DECADRON) IV () Yes (Single Response) | Administer 15-20 minutes before 1st dose of antibiotics. |
| · · · · · · · · · · · · · · · · · · · | of proven or suspected pneumococcal meningitis due to S. pneumoniae |
| | |
| () oztropom (AZACTAM) 2 g IV I voncom join 16 | |
| () aztreonam (AZACTAM) 2 g IV + vancomycin 15 | |
| () aztreonam (AZACTAM) 2 g IV + vancomycin 15 IV [] aztreonam (AZACTAM) IV | |
| IV , J | 5 mg/kg 2 g, intravenous, every 12 hours |
| IV aztreonam (AZACTAM) IV | 2 g, intravenous, every 12 hours Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |
| IV [] aztreonam (AZACTAM) IV | 2 g, intravenous, every 12 hours Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis |

| [] Pharmacy consult to manage vancomycin | STAT, Until discontinued, Starting S Reason for Therapy: Bacterial Infection Suspected Duration of Therapy (Days): Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification | |
|---|---|--|
| [] OPTIONAL Additional Therapies - dexamethasone (DECADRON) IV | 0.15 mg/kg, intravenous, once, For 1 Doses Administer 15-20 minutes before 1st dose of antibiotics. | |
| () aztreonam (AZACTAM) 2 g intraMUSCULAR + vancomycin 15 mg/kg IV | Administration for the first account of antibiotics. | |
| [] aztreonam (AZACTAM) intraMUSCULAR | 2 g, intramuscular, every 12 hours Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis IM Route Selection: I have opted to select the IM route because IV access could not be established | |
| [] vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required) | | |
| [] vancomycin (VANCOCIN) | 15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic | |
| | When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommended duration is dependent upon patient's clinical response and source identification | |
| [] Pharmacy consult to manage vancomycin | STAT, Until discontinued, Starting S Reason for Therapy: Bacterial Infection Suspected Duration of Therapy (Days): Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification | |
| [] OPTIONAL Additional Therapies - dexamethasone (DECADRON) IV | 0.15 mg/kg, intravenous, once, For 1 Doses Administer 15-20 minutes before 1st dose of antibiotics. | |
| . , | Administer 13-20 minutes before 1st dose of antibiotics. | |
| Additional Management of Sepsis | | |
| Colloid / Albumin (for patients not responding to initial albumin human 5 % infusion | 25 g, intravenous, once, For 1 Doses Administer 500 mL intravenous once for patients not responding to initialfluid resuscitation with crystalloids. Indication: | |
| Vasopressor Therapy (if unresponsive to initial fluid ** if unresponsive to initial fluid bolus ** | l bolus) (Single Response) | |
| () norEPInephrine (LEVOPHED) infusion | 4-30 mcg/min, intravenous, titrated Initiate norepinephrine infusion at 4 mcg/min. Titrate to keep MAP between 65 mmHg to 70 mmHg }. Titrate by 2 mcg/minute every 5 minutes. Call MD if mean arterial pressure is LESS than 65 mmHg and rate is 30 mcg/min. | |

| () EPINEPHrine (ADRENALIN) infusion | 2-30 mcg/min, intravenous, titrated Titrate by 2 micrograms per minute every 5 minutes for mean arterial pressure 65-70 mmHg. Call MD if mean arterial pressure is LESS than 65 mmHg and rate is 30 mcg/min. |
|--|--|
| Inotropic Therapy | |
| [] DOButamine (DOBUTREX) infusion | 0.5-20 mcg/kg/min, intravenous, titrated Titrate by 2 mcg/kg/min every 10 minutes for mean arterial pressure 65-70 mmHg. Call MD if mean arterial pressure is LESS than 65 mmHg and rate is 10 mcg/kg/min. |
| Steroids **Per 2012 guidelines, steroid therapy is only recommended and vasopressor therapy. Stress dose steroids should also chronic steroid use** | d in the case of hypotension which is refractory to both fluids be considered for patients with a history of recent and/or |
| [] hydrocortisone sodium succinate (Solu-CORTEF) injection | 50 mg, intravenous, every 6 hours For patients with shock refractory to fluids and vasopressors. |
| Labs | |
| Laboratory - STAT | |
| [] Arterial blood gas | STAT For 1 Occurrences |
| [] Venous blood gas | STAT For 1 Occurrences |
| [] Comprehensive metabolic panel | STAT For 1 Occurrences |
| Prothrombin time with INR | STAT For 1 Occurrences |
| Partial thromboplastin time | STAT For 1 Occurrences |
| Basic metabolic panel | STAT For 1 Occurrences |
| BCBC with differential | STAT For 1 Occurrences |
| B natriuretic peptide | STAT For 1 Occurrences |
| Troponin T | STAT For 1 Occurrences |
| [] Fibrinogen | STAT For 1 Occurrences |
| Hepatic function panel | STAT For 1 Occurrences |
| Nonized calcium | STAT For 1 Occurrences |
| Lactic acid level | STAT For 1 Occurrences |
| [] Magnesium | STAT For 1 Occurrences |
| [] Phosphorus | STAT For 1 Occurrences |
| [] Type and screen | STAT For 1 Occurrences |
| Laboratory - Repeat | |
| Basic metabolic panel | Every 6 hours, Starting S For 2 Occurrences |
| [] Blood gas, venous | Every 6 hours, Starting S For 2 Occurrences |
| [] CBC with differential | Every 6 hours, Starting S For 2 Occurrences |
| Laboratory - Additional Microbiology Screens | |
| [] Aerobic culture | Once For 1 Occurrences |
| Anaerobic culture | Once For 1 Occurrences |
| Respiratory culture, quantitative | Once For 1 Occurrences, Mini bronchial alveolar lavage |
| Respiratory pathogen panel with COVID-19 RT-PCR | Once For 1 Occurrences |
| Sputum culture | Once For 1 Occurrences, Sputum |
| Urinalysis screen and microscopy, with reflex to culture | Once For 1 Occurrences |
| ., | Specimen Source: Urine Specimen Site: |
| Laboratory - Additional Microbiology Screens | |
| | Ones |
| According culture | Once |
| Anaerobic culture | Once |
| Gastrointestinal pathogens panel, PCR | Once, Stool |
| [] Respiratory culture, quantitative | Once, Mini bronchial alveolar lavage |
| Printed on 3/9/2023 at 3:06 PM from TST Environment | Page 50 of |

| [] Respiratory pathogen panel with COVID-19 RT-PCR | Once |
|--|--|
| [] Sputum culture | Once, Sputum |
| [] Urine Culture and Urinalysis | "And" Linked Panel |
| [] Urine culture Once F | or 1 Occurrences, Urine |
| [] Urinalysis STAT F | or 1 Occurrences |
| Laboratory - Additional Microbiology Screens | |
| [] Aerobic culture | Once For 1 Occurrences |
| [] Anaerobic culture | Once For 1 Occurrences |
| [] Gastrointestinal pathogens panel, PCR | Once For 1 Occurrences, Stool |
| [] Respiratory culture, quantitative | Once For 1 Occurrences, Mini bronchial alveolar lavage |
| | Once For 1 Occurrences |
| Respiratory pathogen panel with COVID-19 RT-PCR Sputum culture | Once For 1 Occurrences, Sputum |
| | Once For 1 Occurrences, Sputam Once For 1 Occurrences |
| [] Urinalysis | |
| [] Urine culture | Once For 1 Occurrences, Urine |
| Imaging | |
| Chest X -Ray | |
| [] Chest 1 Vw Portable | STAT, 1 time imaging, Starting S at 1:00 AM For 1 |
| [] Chest 2 Vw | STAT, 1 time imaging, Starting S at 1:00 AM For 1 |
| •• | |
| Consults | |
| Antibiotics Pharmacy Consult | |
| [] Pharmacy consult to manage dose adjustments for renal | Routine, Until discontinued, Starting S |
| function | Adjust dose for: |
| | Pharmacy consult to review orders for renal dosing prior to |
| | administration of second dose of antibiotics |
| Consults | |
| [] Consult to Sepsis Response Team | Does the patient display signs and symptoms suspicious of |
| [1] | infection at this time? Yes |
| | Reason for Consult? Evaluate patient for sepsis and initiation |
| | of Sepsis Acute Care Initial Treatment Protocol |
| [] Consult Infectious Diseases | Reason for Consult? Consult with Infectious Disease to review |
| [] Concan infoacous Discusses | and/or adjust current antibiotic selection if necessary. Initial |
| | treatment should already be initiated. |
| | Patient/Clinical information communicated? |
| | Patient/clinical information communicated? |
| Consults | |
| [] Consult Infectious Diseases | Reason for Consult? Consult with Infectious Disease to review |
| [1] Company and Diodecon | and/or adjust current antibiotic selection if necessary. Initial |
| | treatment should already be initiated. |
| | Patient/Clinical information communicated? |
| | Patient/clinical information communicated? |
| | r adonyoningar information continuingateu: |